



PLAYSCHOOL CHILD CARE INC.

Medical Record & Health History Part 1

**** This form is to be completed by a parent/guardian/caregiver****

Child's Name _____ Date of Birth ____/____/____
Sex ☐ Male ☐ Female
Address _____
City _____ State _____ Zip Code _____
Mother/Guardian Name _____
Father/Guardian Name _____

Health History

Check if your child has had any of the following:

_____ Frequent cold and/or sore throat	_____ Headaches	_____ Restlessness
_____ Frequent ear aches and/or infections	_____ Seizure	_____ Allergies
_____ Poor eating habits	_____ Asthma	
_____ Vision difficulties	_____ Poor sleeping habits	

Unusual problems: _____

Does your child have an IEP? YES _____ NO _____
(If yes, we must have a copy on file here at Playschool Child Care Inc.)

Common Childhood Illnesses

Please indicate the year your child had any of the following:

_____ Scarlet fever	_____ Pneumonia	_____ Whooping Cough
_____ Poliomyelitis	_____ Kidney Disease	_____ Diabetes
_____ Heart Disease	_____ Chicken Pox	_____ Operations
_____ Measles	_____ Mumps	_____ Other Illnesses

Please state in the space below comments or suggestions about your child's health which would be helpful to Playschool Child Care, Inc.: